

**STAFF WORK ADVISORY TEAM
QUESTIONS AND ANSWERS REGARDING
CLAIMING AND BILLING**

Q1. Do staff claim travel and documentation time at whatever service function rate, e.g., Mental Health Service (MHS), Case Management, etc., of the service provided?

A1. Yes. Travel and documentation time must be linked to the service provided.

Q2. Can staff claim Federal Financial Participation (FFP) for case management services provided while a beneficiary is in an IMD?

A2. FFP cannot be claimed if the beneficiary is between the ages of 21-64.

Yes, if the beneficiary is 65 or older. Yes, if the beneficiary is under 21 and is a patient in a hospital or another accredited facility. (Contact the chief of the Managed Care Implementation unit for information about the possibility of accrediting facilities other than hospitals.)

Q3. Can staff claim FFP for transporting beneficiaries to mental health appointments as a specialty mental health service?

A3. No. Transportation is not reimbursable as a specialty mental health service. However, the cost of transportation services can be included in determining the cost of delivering specialty mental health services.

Q4. Can staff claim FFP for a parenting group that includes parents whose children have open cases at the clinic?

A4. Yes, if the services are directed at the mental health needs of the children, rather than based upon the needs of the parents. In addition, there must be documentation in the child's chart to show the need for this activity.

Q5. Can FFP be claimed for assisting beneficiaries to obtain their medication by preparing an authorization request?

A5. Yes, FFP can be claimed for completing an authorization request for a prescription as it relates to the provision of medication support services. Only physicians, RNs, LVNs, psychiatric technicians, or pharmacists within their scopes of practice may provide medication support services.

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Q6. Can staff claim FFP for photocopying, faxing, and other clerical type activities as specialty mental health services?

A6. *No. However, the cost of such activities can be included in determining the cost of delivering specialty mental health services.*

Q7. Can staff claim FFP for payee related activities?

A7. *FFP cannot be claimed for time spent performing the fiscal responsibilities of a payee. For example, staff cannot claim FFP for time spent writing checks to pay the beneficiary's bills.*

However, it is possible to claim for payee related services when such activities are necessary to address impairment in an important area of life functioning. For example, staff can claim FFP for time spent providing training on money management skills.

Q8. Can staff claim FFP for telephone assessments?

A8. *Yes. Assessments can be completed face-to-face or over the telephone. However, MHPs are strongly encouraged to complete face-to-face assessments when determining medical necessity.*

Q9. How long can staff claim FFP for services provided after a beneficiary has died?

A9. *All services claimed to Medi-Cal on behalf of a beneficiary must be provided to meet the mental health needs of that beneficiary. Therefore, FFP can not to be claimed for any services provided once the beneficiary has died. In addition, claims must be submitted in a timely fashion as specified in Title 9.*

Q10. Can staff claim FFP for court related assessments, e.g., conservatorship investigations?

A10. *Yes, when the assessment is completed for clinical, treatment-related purposes. For example, FFP can be claimed if the purpose of a court-ordered assessment is to determine medical necessity for Medi-Cal.*

No, if the assessment is completed per request of the court for a purpose other than determining medical necessity for Medi-Cal. For example, FFP cannot be claimed if a court-ordered assessment is narrowly defined for establishment of conservatorship and the MHP limits its assessment to this purpose.

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Please note that the use of realignment dollars is limited in this area, as well as the use of Medi-Cal dollars. See Welfare and Institutions Code (W&IC) Section 5714 below.

W&IC Section 5714. *To continue county expenditures for legal proceedings involving mentally disordered persons, the following costs incurred in carrying out Part 1 (commencing with Section 5000—LPS Act) of this division shall not be paid for from funds designated for mental health services.*

- (a) The costs involved in bringing a person in for 72-hour treatment and evaluation.*
- (b) The costs of court proceedings for court-ordered evaluation, including the service of the court order and the apprehension of the person ordered to evaluation when necessary.*
- (c) The costs of court proceedings in cases of appeal from 14-day intensive treatment.*
- (d) The cost of legal proceedings in conservatorship other than the costs of conservatorship investigation as defined by regulations of the State Department of Mental Health.*
- (e) The court costs in post certification proceedings.*
- (f) The cost of providing a public defender or other court-appointed attorneys in proceedings for those unable to pay.*

Q11. What are the current 24-hour claiming limitations listed by service type?

A11. California Code of Regulations (CCR), Title 9, Chapter 11, Section 1840.366(b) specifies: "The maximum amount claimable for Crisis Intervention in a 24-hour period is 8 hours."

CCR, Title 9, Chapter 11, Section 1840.368(c) specifies: "The maximum number of hours claimable for Crisis Stabilization in a 24-hour period is 20 hours."

CCR, Title 9, Chapter 11, Section 1840.372 specifies: "The maximum amount claimable for Medication Support Services in a 24-hour period is 4 hours."

Q12. Regarding medication support services, can staff claim FFP for medication support services in a group setting as long as the following conditions are met:

- Time is prorated per CCR, Title 9, Chapter 11, Section 1840.316(a)(2), and
- The medication support services provided meets the definition of medication support services in CCR, Title 9, Chapter 11, Section 1810.225, and
- The service is provided by staff who are qualified to provide such services?

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A12. Yes, as in the following example:

An R.N. facilitates a weekly group discussion on medication education, e.g., the side effects of the medication, overcoming resistance to taking medications, etc. This intervention and its goals should be addressed in each individual's client plan.

Q13. Are there any special lockouts on claiming FFP while a beneficiary is in Rate Classification Level (RCL) 12-14 facilities (group homes that specialize in serving children with mental illness)?

A13. *There are no special lockouts outside those listed in Title 9 while a beneficiary resides in RCL 12-14 facilities because the RCL 12-14 rates do not include treatment services. The duplicate payment issues that exist when a beneficiary is in a 24-hour facility that is receiving reimbursement for treatment services do not exist when the beneficiary is in an RCL 12-14 facility.*

Q14. When a treatment group contains both Medi-Cal and non Medi-Cal clients, how is staff to divide the time? For example, if a group of six clients containing three Medi-Cal and three non-Medi-Cal clients lasts 120 minutes (group time plus documentation), how is the time divided? By three or by six?

A14. *The time must be divided equally among all six clients.*

Q15. Can FFP be claimed for travel time from one provider site to another provider site? How about from a staff person's residence to a provider site? Or from a staff's home to a client's home?

A15. *To claim FFP, travel time must be from a provider site to an off-site location(s) where Medi-Cal specialty mental health services are delivered. Therefore, FFP cannot be claimed for travel between provider sites or from a staff member's residence to a provider site.*

NOTE: *A "provider site" is defined as a site with a provider number, including affiliated satellite and school site operations.*

It is possible to claim for travel time between a staff's home and the client's home as long as the MHP permits such activity and MHP travel guidelines are adhered to.

Q16. Can staff claim FFP for a specialty mental health service, other than the assessment(s) to establish medical necessity, prior to establishing medical necessity?

A16. Yes, but only if the service is related to an urgent/crisis situation.

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Q17. How do staff claim time when services with two different rates are provided during the course of a client session, e.g., 30 minutes of mental health services and 30 minutes of case management? Does the staff claim the whole time to the dominant service provided, or claim 30 minutes to mental health services and 30 minutes to case management?

Can staff write one progress note and break out the claim by each service, or must a separate progress note be written for each service?

A17. In the above situation, staff should claim for each service separately or claim the entire time to the lower cost center, e.g., case management. Staff may write two separate progress notes or write one progress note that clearly delineates the time spent providing each service. While it is not required that staff document the actual number of minutes claimed in each progress note, a clear audit trail must still be maintained, including documentation of actual minutes using the forms and/or procedures established by the MHP or provider.